

		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH Facility ID Number: <u>0036244</u></p> <p>Facility Name: <u>Alden Princeton Rehab & HCC</u></p> <p>Address: <u>255 W. 69th St.</u> <u>Chicago</u> <u>60621</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 224-5900</u> Fax # <u>(773) 224-7157</u></p> <p>IDPA ID Number: <u>36-370816900</u></p> <p>Date of Initial License for Current Owners: <u>08/24/90</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2003</u> to <u>12/31/2003</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td data-bbox="1165 678 1297 824" rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td data-bbox="1165 824 1297 1036" rowspan="5">Paid Preparer</td> <td>(Type or Print Name) <u>STEVEN M. KROLL</u></td> </tr> <tr> <td>(Title) _____</td> </tr> <tr> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td data-bbox="1165 1036 1297 1117" rowspan="3"></td> <td>(Firm Name & Address) _____</td> </tr> <tr> <td>(Telephone) <u>()</u> Fax # <u>()</u></td> </tr> <tr> <td>MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) <u>STEVEN M. KROLL</u>	(Title) _____	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____	(Telephone) <u>()</u> Fax # <u>()</u>	MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																				
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Facility Name & ID Number Alden Princeton Rehab & HCC# 0036244 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>225</u>	Skilled (SNF)		<u>82,125</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>225</u>	TOTALS		<u>82,125</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>15,054</u>	<u>265</u>	<u>4,378</u>	<u>19,697</u>	8
9	SNF/PED					9
10	ICF	<u>28,748</u>	<u>142</u>	<u>827</u>	<u>29,717</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>43,802</u>	<u>407</u>	<u>5,205</u>	<u>49,414</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 60.17%

D. How many bed-hold days during this year were paid by Public Aid?

none (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)noneF. Does the facility maintain a daily midnight census? yesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 07/01/90

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 07/01/90 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 73 and days of care provided 3,971Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	206,318	38,039	6,600	250,957	550	251,507		251,507		1
2	Food Purchase		343,581		343,581	(28,132)	315,449	(62,032)	253,417		2
3	Housekeeping	172,251	41,596		213,847	1,026	214,873		214,873		3
4	Laundry	43,810	22,566		66,376	207	66,583		66,583		4
5	Heat and Other Utilities			225,462	225,462		225,462	1,669	227,131		5
6	Maintenance	57,442		143,945	201,387		201,387	11,026	212,413		6
7	Other (specify):* Security			93,310	93,310		93,310		93,310		7
8	TOTAL General Services	479,821	445,782	469,317	1,394,920	(26,349)	1,368,571	(49,337)	1,319,234		8
	B. Health Care and Programs										
9	Medical Director			50,628	50,628		50,628		50,628		9
10	Nursing and Medical Records	1,817,789	358,912	5,076	2,181,777	4,190	2,185,967	(178,362)	2,007,605		10
10a	Therapy	4,770	3,332		8,102		8,102		8,102		10a
11	Activities	69,746		3,294	73,040		73,040		73,040		11
12	Social Services	38,785			38,785		38,785		38,785		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,931,090	362,244	58,998	2,352,332	4,190	2,356,522	(178,362)	2,178,160		16
	C. General Administration										
17	Administrative	191,328			191,328		191,328		191,328		17
18	Directors Fees										18
19	Professional Services			533,301	533,301		533,301	(497,138)	36,163		19
20	Dues, Fees, Subscriptions & Promotions			58,982	58,982		58,982	(47,969)	11,013		20
21	Clerical & General Office Expenses	439,660	21,089	31,579	492,328	574	492,902	(3,741)	489,161		21
22	Employee Benefits & Payroll Taxes			464,261	464,261	21,585	485,846	38,792	524,638		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,485	2,485		2,485	10,294	12,779		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			145,222	145,222		145,222	9,980	155,202		26
27	Other (specify):* Bad Debts			113,647	113,647		113,647	(113,647)			27
28	TOTAL General Administration	630,988	21,089	1,349,477	2,001,554	22,159	2,023,713	(603,429)	1,420,284		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,041,899	829,115	1,877,792	5,748,806		5,748,806	(831,128)	4,917,678		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Princeton Rehab & HCC

#0036244

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			58,175	58,175		58,175	271,795	329,970			30
31	Amortization of Pre-Op. & Org.							2,968	2,968			31
32	Interest			81,490	81,490		81,490	368,324	449,814			32
33	Real Estate Taxes			3,000	3,000		3,000	285,606	288,606			33
34	Rent-Facility & Grounds			927,119	927,119		927,119	(927,119)				34
35	Rent-Equipment & Vehicles			15,486	15,486		15,486	18,973	34,459			35
36	Other (specify):* Mortgage Insurance Premium							41,918	41,918			36
37	TOTAL Ownership			1,085,270	1,085,270		1,085,270	62,465	1,147,735			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	431,503	390,123	537,573	1,359,199		1,359,199	(28,109)	1,331,090			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,187	123,187		123,187		123,187			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	431,503	390,123	660,760	1,482,386		1,482,386	(28,109)	1,454,277			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,473,402	1,219,238	3,623,822	8,316,462		8,316,462	(796,772)	7,519,690			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
 In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
	Amount	Refer-	OHF USE	
		ence	ONLY	
NON-ALLOWABLE EXPENSES				
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals				4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation	12,004	30		9
10 Interest and Other Investment Income	(67,577)	32		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax	(270)	2		13
14 Non-Care Related Interest	(20,000)	32		14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees	(18,079)	21		17
18 Fines and Penalties	(34,735)	32		18
19 Entertainment	(200)	20		19
20 Contributions	(3,233)	20		20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers	(3,188)	19		22
23 Malpractice Insurance for Individuals				23
24 Bad Debt	(113,647)	27		24
25 Fund Raising, Advertising and Promotional	(41,421)	20		25
Income Taxes and Illinois Personal				
26 Property Replacement Tax				26
27 Nurse Aide Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule				29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (290,346)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
Amortization of Organization & Pre-Operating Expense			33
33 Adjustments for Related Organization			
34 Costs (Schedule VII)	(428,701)	Various	34
35 Other- Attach Schedule	(77,725)	Pg 5A	35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ (506,426)		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B))	\$ (796,772)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
 (See instructions.)

	1	2	3	4	
	Yes	No	Amount	Reference	
38 Medically Necessary Transport.		x	\$		38
39		x			39
40 Gift and Coffee Shops		x			40
41 Barber and Beauty Shops		x			41
42 Laboratory and Radiology		x			42
43 Prescription Drugs		x			43
44 Exceptional Care Program		x			44
45 Other-Attach Schedule		x			45
46 Other-Attach Schedule		x			46
47 TOTAL (C): (sum of lines 38-46)			\$		47

Alden Princeton Rehab & HCC

ID# 0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on utilities	\$ (1,398)	5	1
2	Other Nursing Income	(365)	10	2
3	Back out Marketing Salaries	(72,622)	21	3
4	W/G Serv Fee (GL 4977)	(26)	22	4
5	Copying Charts (GL 4977)	(132)	21	5
6	Connect America Inc.(GL 4983-4985)	(21)	21	6
7	Illinois Healthcare Association-Pac Fees : 30.13%	(3,580)	20	7
8	Depreciation on Deferred Maintenance "Painting" (Pg 22	1,625	6	8
9	Depreciation (Adj to Correct to Actual)	506	30	9
10	Back out bank charges in Princeton Associates	(50)	21	10
11	Marketing Employ. Benefits deduction	(11,203)	22	11
12				12
13				13
14				14
15	Vendor Settlements			15
16	Reclass vendor settlements from Line 21 to Line 6	(9,541)	6	16
17	Reclass vendor settlements from Line 21 to Line 6	9,541	21	17
18	Back out prior yr cr adj in 7143 for hvac/misc repairs	9,541	6	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(77,725)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(270)	0	0	(61,762)	0	0	0	0	0	0	0	(62,032)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,398)	0	3,067	0	0	0	0	0	0	0	0	1,669	5
6	Maintenance	1,625	0	9,959	0	0	0	(71)	(487)	0	0	0	11,026	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(43)	0	13,026	(61,762)	0	0	(71)	(487)	0	0	0	(49,337)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(365)	0	0	(177,551)	(446)	0	0	0	0	0	0	(178,362)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(365)	0	0	(177,551)	(446)	0	0	0	0	0	0	(178,362)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,188)	4,347	(498,297)	0	0	0	0	0	0	0	0	(497,138)	19
20	Fees, Subscriptions & Promotions	(48,434)	0	465	0	0	0	0	0	0	0	0	(47,969)	20
21	Clerical & General Office Expenses	(81,363)	49	27,340	45,248	4,985	0	0	0	0	0	0	(3,741)	21
22	Employee Benefits & Payroll Taxes	(11,229)	0	48,885	0	1,136	0	0	0	0	0	0	38,792	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	10,294	0	0	0	0	0	0	0	0	10,294	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	9,741	239	0	0	0	0	0	0	0	0	9,980	26
27	Other (specify):*	(113,647)	0	0	0	0	0	0	0	0	0	0	(113,647)	27
28	TOTAL General Administration	(257,861)	14,137	(411,074)	45,248	6,121	0	0	0	0	0	0	(603,429)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(258,269)	14,137	(398,048)	(194,065)	5,675	0	(71)	(487)	0	0	0	(831,128)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	12,510	246,880	10,584	0	1,821	0	0	0	0	0	0	271,795	30
31	Amortization of Pre-Op. & Org.	0	1,469	1,384	0	0	115	0	0	0	0	0	2,968	31
32	Interest	(122,312)	449,092	40,912	0	457	175	0	0	0	0	0	368,324	32
33	Real Estate Taxes	0	279,666	5,750	0	190	0	0	0	0	0	0	285,606	33
34	Rent-Facility & Grounds	0	(927,119)	0	0	0	0	0	0	0	0	0	(927,119)	34
35	Rent-Equipment & Vehicles	0	0	18,973	0	0	0	0	0	0	0	0	18,973	35
36	Other (specify):*	0	41,918	0	0	0	0	0	0	0	0	0	41,918	36
37	TOTAL Ownership	(109,802)	91,906	77,603	0	2,468	290	0	0	0	0	0	62,465	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(15,603)	(21,242)	8,736	0	0	0	0	0	(28,109)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(15,603)	(21,242)	8,736	0	0	0	0	0	(28,109)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(368,071)	106,043	(320,445)	(209,668)	(13,099)	9,026	(71)	(487)	0	0	0	(796,772)	45

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Pg 6L				See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent income	\$ 927,119	Princeton Associates Limited Partnership	100.00%	\$	\$ (927,119)	1
2	V	32 Investment Income - RR	3,016				(3,016)	2
3	V	19 Audit Expense				3,800	3,800	3
4	V	19 Professional Fees				97	97	4
5	V	21 Bank charges				49	49	5
6	V	19 Licenses & Inspections				450	450	6
7	V	33 Real Estate taxes				279,666	279,666	7
8	V	26 General Insurance Expense				9,741	9,741	8
9	V	36 Mortgage insurance premium				41,918	41,918	9
10	V	32 Interest on mortgage				409,513	409,513	10
11	V	32 Interest on Operating Loss Loan				42,595	42,595	11
12	V	30 Depreciation Expense				246,880	246,880	12
13	V	31 Amortization Expense				1,469	1,469	13
14	Total		\$ 930,135			\$ 1,036,178	\$ * 106,043	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 management fees	\$ 511,908	Alden Management Services		\$	\$ (511,908)
16	V	22 employee benefits		Alden Management Services		48,885	48,885
17	V	19 professional fees		Alden Management Services		13,611	13,611
18	V	21 gen'l & admin		Alden Management Services		27,340	27,340
19	V	5 utilities		Alden Management Services		3,067	3,067
20	V	6 maintenance		Alden Management Services		9,959	9,959
21	V	24 travel & seminar		Alden Management Services		10,294	10,294
22	V	26 insurance		Alden Management Services		239	239
23	V	20 dues & subscriptions		Alden Management Services		465	465
24	V	30 depreciation		Alden Management Services		10,584	10,584
25	V	31 amortization		Alden Management Services		1,384	1,384
26	V	33 real estate tax		Alden Management Services		5,750	5,750
27	V	34 rent-facilities		Alden Management Services			
28	V	35 rent-equip & vehicles		Alden Management Services		18,973	18,973
29	V	32 interest		Alden Management Services		40,912	40,912
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 511,908			\$ 191,463	\$ * (320,445)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	2 tube-feeding	\$ 111,342	Pyramid Health Care		\$ 49,580	\$ (61,762)
16	V	10 nursing supplies	206,862	Pyramid Health Care		29,311	(177,551)
17	V	39 perdiems/other supplies	33,920	Pyramid Health Care		18,317	(15,603)
18	V	21 gen'l & admin				45,248	45,248
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 352,124			\$ 142,456	\$ * (209,668)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 drugs	\$ 87,419	Forum Extended Care II		\$ 73,853	\$ (13,566)
16	V	10 house stock	2,874	Forum Extended Care II		2,428	(446)
17	V	39 I. V.	49,463	Forum Extended Care II		41,787	(7,676)
18	V	22 employee benefits		Forum Extended Care II		1,136	1,136
19	V	21 gen't & admin		Forum Extended Care II		4,985	4,985
20	V	32 interest		Forum Extended Care II		457	457
21	V	33 real estate tax		Forum Extended Care II		190	190
22	V	30 depreciation		Forum Extended Care II		1,821	1,821
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 139,756			\$ 126,657	\$ * (13,099)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 therapy	\$ 512,075	Community Physical Therapy		\$ 520,811	\$ 8,736
16	V	32 interest		Community Physical Therapy		175	175
17	V	31 amortization		Community Physical Therapy		115	115
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 512,075			\$ 521,101	\$ * 9,026

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 repairs and maintenance	\$ 22,025	Alden Bennett Construction		\$ 21,954	\$ (71)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 22,025			\$ 21,954	\$ * (71)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 CARPET CLEANING	\$ 200	ALDEN REALTY - CARPET CARE		\$ 186	\$ (14)
16	V	6 FLOOR CLEANING	8,330	ALDEN REALTY - FLOOR CARE		7,857	(473)
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 8,530			\$ 8,043	\$ * (487)

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

Page 6K

Facility Name & ID Number ALDEN NURSING CENTER - PRINCETON

003-6244

Report Period Beginning 01/01/03

Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Orland Park	Orland Park
ANC Waterford	Aurora
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors' Park	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

NAMES OF OWNERS	OWNERSHIP %s
Stuart Goldsand	6.25
Julian Bailes MD	2.50
Aaron Carl	3.75
Lu Sezenov	6.25
Mildred Schlossberg	12.50
Ronald Eaton	5.00
John Vercillo	3.75
Brett Carl	5.00
Larry Saunders	2.50
Floyd A. Schlossberg	25.00
Joan/Sam Carl	27.50
	<hr/>
	100.00
	<hr/>

STATE OF ILLINOIS

Page 7

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	100.00	330,611	1.84	4.60	salary	\$ 15,941	17-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	83,060	1.84	4.60	salary	4,005	10-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	80,321	1.84	4.60	salary	3,873	6-1	3
4	Joan Carl d.	Secretary	Vice-President	0.00	208,101	1.84	4.60	salary	10,034	17-1	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 33,853		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Princeton Rehab & HCC# 0036244

Report Period Beginning:

1/1/2003Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Alden Management Services, Inc.

Street Address

4200 W. Peterson Ave.

City / State / Zip Code

Chicago, IL 60646

Phone Number

(773) 286-3883

Fax Number

(773) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	see page 8A (also on page 6A)				\$	\$			1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge		x	Operations	\$4,158.00	2/2003	\$ 738,400	\$ 734,392	2/12/2042	6.1800	\$ 42,595	1	
2	Cambridge		x	Mortgage	\$39,970.00	2/2003	7,098,500	7,059,974	12/31/2042	6.1800	409,513	2	
3	Corus		x	Operations	\$14,445.00	7/1/01	505,555	57,760	4/1/04	6.0000	9,444	3	
4												4	
5												5	
	Working Capital												
6	related party-ams& ams therap	x		working capital							58,223	6	
7	related party-cpt	x		working capital							175	7	
8	related party-fecII	x		working capital							457	8	
9	TOTAL Facility Related				\$58,573.00		\$ 8,342,455	\$ 7,852,127			\$ 520,407	9	
	B. Non-Facility Related*												
10	offset Prn Assoc interest expense with interest income on Repl reserve										(3,016)	10	
11	offset Corp's interest expense with interest income										(67,500)	11	
12	offset Interest expense with Interest Income (GL4964,4983)										(77)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (70,593)	14	
15	TOTALS (line 9+line14)						\$ 8,342,455	\$ 7,852,127			\$ 449,814	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 41,918 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

NOTES:

1. Please indicate a negative number by use of brackets (). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0036244

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursr home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-413-032-0000</u>	<u>Nursing home facility</u>	\$ <u>293.77</u>	\$ <u>293.77</u>
2. <u>20-21-413-005-0000</u>	<u>Nursing home facility</u>	\$ <u>14,128.95</u>	\$ <u>14,128.95</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing home facility</u>	\$ <u>14,843.48</u>	\$ <u>14,843.48</u>
4. <u>20-21-413-004-0000</u>	<u>Nursing home facility</u>	\$ <u>82,062.15</u>	\$ <u>82,062.15</u>
5. <u>20-21-413-035-0000</u>	<u>Nursing home facility</u>	\$ <u>81,909.62</u>	\$ <u>81,909.62</u>
6. <u>20-21-413-022-0000</u>	<u>Nursing home facility</u>	\$ <u>13,863.41</u>	\$ <u>13,863.41</u>
7. <u>20-21-413-003-0000</u>	<u>Nursing home facility</u>	\$ <u>55,268.82</u>	\$ <u>55,268.82</u>
8. <u>20-21-413-002-0000</u>	<u>Nursing home facility</u>	\$ <u>14,127.35</u>	\$ <u>14,127.35</u>
9. <u></u>	<u>Related Party - Alden Management</u>	\$ <u>125,008.00</u>	\$ <u>5,750.00</u>
10. <u></u>	<u>Related Party - Forum</u>	\$ <u>8,317.00</u>	\$ <u>190.00</u>
TOTALS		\$ <u>409,822.55</u>	\$ <u>282,437.55</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

A. Square Feet: 80,000

B. General Construction Type:
 Exterior brick
 Frame steel
 Number of Stories 3

C. Does the Operating Entity?
 ☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?
 ☐ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
 ☐ YES
 ☐ NO

If so, please complete the following:
 1. Total Amount Incurred:
 2. Number of Years Over Which it is Being Amortized:
 3. Current Period Amortization:
 4. Dates Incurred:

Nature of Costs:
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home	82,377	1989	\$ 151,068	1
2					2
3	TOTALS	82,377		\$ 151,068	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	Related party-Forum		1978	\$ 15,909	\$	22	\$	\$	15,909
5									
6	225	1990	1989	6,937,625	220,767	30	231,254	10,487	3,121,929
7		1992	1992	44,020	280	30	1,467	1,187	16,746
8		1993	1993	30,616	692	30	1,021	329	11,498
9	Improvement Type**								
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC	1991	\$ 7,180	\$	VARIOUS	\$		\$ 7,180		37
38	EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/	1992	11,688	(66)	VARIOUS	(66)		11,893		38
39	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES	1993	24,066	836	VARIOUS	836		20,708		39
40	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU	1995	27,107	1,680	VARIOUS	1,680		15,512		40
41	NEW CARPETING	1996	1,400	140	10	140		1,097		41
42	COIL REPLACEMENT(AIR CONDITIONER)	1996	4,821	482	10	482		3,736		42
43	CEILING REPAIRS	1996	1,700	142	12	142		1,110		43
44	INSTALL SB 35 PUMP	1997	3,287	329	10	329		2,082		44
45	SEAL COATING/PATCHING	1997	2,300		5			2,300		45
46	REPAIR KEBO LIFT	1997	1,917		5			1,917		46
47	LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)	1998	6,800	680	10	680		3,967		47
48	SHINE-RITE(STRIP & REFINISH FLOORS)	1998	6,000	600	10	600		3,350		48
49	CORONET MFG	1998	8,970	897	10	897		4,560		49
50	REEDY EQ.(REPAIR DISHWASHERS)	1998	4,612	461	10	461		2,344		50
51	JP Graham(installation)	1999	2,781	278	10	278		1,368		51
52	Northtown (repair steamer)	1999	1,674	167	10	167		781		52
53	Rykoff Sexton(kitchen supplies	1999	2,337	234	10	234		1,071		53
54	Long Elevator(repair water damage)	1999	2,949	295	10	295		1,253		54
55	Fox Valley(fire alarm inspection)	1999	2,000	133	15	133		556		55
56	ABC(construction management)	1999	785	157	5	157		641		56
57	Kraft Paper (desk & chairs)	1999	2,023	135	15	135		551		57
58	Climate Services(exhaust roof top repair)	1999	2,143	214	10	214		875		58
59	New Horizons(install phones and wall mounts	1999	5,848	585	10	585		2,388		59
60	ABC:Carpentry labor	1999	2,460	246	10	246		1,004		60
61	ABC:Resilient flooring	1999	3,996	400	10	400		1,698		61
62	continue....									62
63										63
64										64
65										65
66										66
67										67
68										68
69										69
70	TOTAL (lines 4 thru 69)		\$ 7,169,012	\$ 230,763		\$ 242,766	\$ 12,004	\$ 3,260,022		70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Alden Princeton Rehab & HCC
 XI. OWNERSHIP COSTS (continued)

STATE OF ILLINOIS

0036244

Report Period Beginning:

1/1/2003

Ending:

Page 12B
 12/31/2003

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,169,012	\$ 230,763		\$ 242,766	\$ 12,004	\$ 3,260,022	1
2	Equipment International (dryer fan blade)	2000	602	60	10	60		236	2
3	CSI-Coker Service (repair steam table)	2000	1,151	115	10	115		451	3
4	Fox Valley Fire & Safety (fire alarm repair)	2000	776	78	10	78		304	4
5	Equipment International (motor repair - washer	2000	1,106	111	10	111		433	5
6	Climate Service (replace hot water valve)	2000	1,303	130	10	130		510	6
7	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		403	7
8	DePaul Plumbing (instal water line of outside sprinkler system	2000	7,054	705	10	705		2,645	8
9	Alden Bennett Construction (time & material billing by facility	2000	11,158	1,116	10	1,116		3,905	9
10	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		381	10
11	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		642	11
12	Alden Bennett Construction (time & material billing)	2000	7,777	778	10	778		2,592	12
13	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		740	13
14	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		226	14
15	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		122	15
16	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		526	16
17	ALDEN DESIGN (plat of survey)	2000	756	76	10	76		246	17
18	Alden Bennett Construction (oxygen tank installation	2001	23,815	2,382	10	2,382		5,755	18
19	Alden Bennett Construction (lighting fixtures	2001	63,680	6,368	10	6,368		18,043	19
20	New Horizons Communication (No Invoice	2001	6,287	629	10	629		1,886	20
21	GT Mechanical Inc (exhaust fan in laundry room	2001	2,475	165	15	165		495	21
22	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		668	22
23	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		247	23
24	Equipment Int'l (washer repair)	2001	1,110	222	5	222		666	24
25	GT Mechanical Inc (repair freezer)	2001	2,886	577	5	577		1,443	25
26	Alden Bennett (miscell construction)	2001	2,913	291	10	291		777	26
27	Hobart (installed amps for serving steamers)	2001	1,828	366	5	366		975	27
28	Capps (install preassure reading valve)	2001	3,485	349	10	349		755	28
29	Fire Pros (control panel repair)	2001	5,425	543	10	543		1,175	29
30	Alden Bennett (miscell construction)	2001	2,876	288	10	288		647	30
31	Alden Bennett (miscell construction)	2001	1,622	324	5	324		676	31
32	continue....								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,335,116	\$ 247,651		\$ 259,655	\$ 12,004	\$ 3,308,593	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,335,116	\$ 247,651		\$ 259,655	\$ 12,004	\$ 3,308,593	1
2	Fire Pros (control panel repair)	2002	5,425	543	10	543		1,085	2
3	Alden bennet -- window sills	2002	8,139	814	10	814		1,424	3
4	GT Mechincal -- repair chiller	2002	3,449	690	5	690		1,035	4
5	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		2,073	5
6	Simplex Grinnell (4 doors)	2003	4,391	402	10	402		402	6
7	Alden Bennett Construction (time & material billing by facility)	2003	20,159	1,848	10	1,848		1,848	7
8	D. B. S. Contracting (sprinkler system)	2003	15,935	2,656	3	2,656		2,656	8
9	Alden Bennett Construction (lamps)	2003	3,339	111	10	111		111	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,419,272	\$ 256,270		\$ 268,273	\$ 12,004	\$ 3,319,227	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,419,272	\$ 256,270		\$ 268,273	\$ 12,004	\$ 3,319,227	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphal	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathroom	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		\$ 7,490,999	\$ 258,547		\$ 270,550	\$ 12,004	\$ 3,372,049	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 725,336	\$ 52,916	\$ 52,916	\$	varies	\$ 504,092	71
72	Current Year Purchases	25,885	2,886	2,886		varies	2,886	72
73	Fully Depreciated Assets	411,295	1,565	1,565		varies	411,295	73
74								74
75	TOTALS	\$ 1,162,516	\$ 57,368	\$ 57,368	\$		\$ 918,273	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	:dodge/other	98-'03	\$ 11,860	\$ 2,052	\$ 2,052	\$	3	\$ 11,658	76
77										77
78										78
79										79
80	TOTALS			\$ 11,860	\$ 2,052	\$ 2,052	\$		\$ 11,658	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,816,443	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 317,966	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 329,970	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,004	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,301,980	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	n/a	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$ N/A	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: **related party-cost is backed out**

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease.

9. Option to Buy: ☐ YES ☒ NO Terms:

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 8,037 Description: copy machine lease = \$7605 + postage meter rental = \$432

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1	2	3	4	
	Use	Model Year and Make	Monthly Lease Payment	Rental Expense for this Period	
17	transport-non patients		\$ 620.67	\$ 7,448	17
18	various	various	#####	18,973	18
19					19
20					20
21	TOTAL		\$ #####	\$ 26,421	21

10. Effective dates of current rental agreement:

Beginning 10/1/90

Ending 9/20/22

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending


Annual Rent

12. [/2004](#)

\$ 848,010

13. _____ /2005

\$ 848,010

14.  /2006

\$ 848,010

*** If there is an option to buy the building, please provide complete details on attached schedule.**

**** This amount plus any amortization of lease expense must agree with page 4, line 34.**

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input type="checkbox"/> YES	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
	<input checked="" type="checkbox"/> NO	IN-HOUSE PROGRAM <input type="checkbox"/>	IN-HOUSE PROGRAM <input type="checkbox"/>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER AIDE _____
		HOURS PER AIDE _____	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on site

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 149,539	\$		\$ 149,539	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			9,752			9,752	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			121,068			121,068	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Page 16A	# of prescripts			68,018			68,018	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	See Page 16A		431,503		13,565			445,069	12
13	Other (specify):	See Page 16A				537,643			537,643	13
14	TOTAL			\$ 431,503		\$ 899,586	\$		\$ 1,331,090	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,615	\$ 7,335	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 92,982)	1,581,463	1,581,463	3
4	Supply Inventory (priced at)	255	255	4
5	Short-Term Investments			5
6	Prepaid Insurance	5,463	5,463	6
7	Other Prepaid Expenses	1,890	11,079	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties/Escrows/at	46,270	900,701	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,641,956	\$ 2,506,295	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,984,761	14
15	Leasehold Improvements, at Historical Cost	597,887	597,887	15
16	Equipment, at Historical Cost	312,981	1,036,941	16
17	Accumulated Depreciation (book methods)	(531,678)	(4,144,951)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		437,703	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Financing Fees		57,294	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,379,190	\$ 6,125,528	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,021,146	\$ 8,631,824	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,701,108	\$ 1,701,108	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	142,049	142,049	28
29	Short-Term Notes Payable	332,751	332,751	29
30	Accrued Salaries Payable	263,266	263,266	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,156	304,956	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	64,519	64,519	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr ins, exps,idpa,sales tax	97,997	138,139	36
37	Accounts Payable(owners or related parties)	1,017,386	1,017,386	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,639,232	\$ 3,964,174	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	177,469	177,469	39
40	Mortgage Payable		7,794,367	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 177,469	\$ 7,971,836	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,816,701	\$ 11,936,010	46
47	TOTAL EQUITY (page 18, line 24)	\$ (795,555)	\$ (3,304,185)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,021,146	\$ 8,631,824	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 104,554	1
2	Restatements (describe):		2
3	external audit adjustments made after 2001 cost report was		3
4	submitted. These have no effect on prior years report :	(1)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 104,553	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(900,108)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (900,108)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (795,555)	24 *

* This must agree with page 17, line 47.

STATE OF ILLINOIS

Page 19

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,485,433	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,485,433	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	38,056	6
7	Oxygen	158,588	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 196,644	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(563)	19
20	Radiology and X-Ray		20
21	Other Medical Services	177,593	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 177,031	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	67,577	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 67,577	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Various-See attached	6,665	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,665	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,933,351	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	1,394,920	31
32	Health Care	2,352,332	32
33	General Administration	2,001,554	33
B. Capital Expense			
34	Ownership	1,085,270	34
C. Ancillary Expense			
35	Special Cost Centers	1,359,199	35
36	Provider Participation Fee	123,187	36
D. Other Expenses (specify):			
37	Related Party Salary Allocations		37
38	located in Column 1 on pages 3 & 4	(483,003)	38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,833,459	40
41	Income before Income Taxes (line 30 minus line 40)**	(900,108)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (900,108)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 1/1/2003

Ending:

12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,199	2,199	\$ 82,208	\$ 37.38	1
2	Assistant Director of Nursing	1,533	1,533	50,303	32.81	2
3	Registered Nurses	12,101	12,557	365,892	29.14	3
4	Licensed Practical Nurses	39,396	41,430	870,237	21.00	4
5	Nurse Aides & Orderlies	78,828	83,985	738,169	8.79	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,480	1,520	27,249	17.93	9
10	Activity Assistants	5,238	5,452	42,497	7.79	10
11	Social Service Workers	1,920	1,920	38,785	20.20	11
12	Dietician					12
13	Food Service Supervisor	1,904	2,080	34,175	16.43	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,913	22,263	167,520	7.52	15
16	Dishwashers					16
17	Maintenance Workers	1,816	2,144	38,520	17.97	17
18	Housekeepers	19,831	20,845	165,334	7.93	18
19	Laundry	5,564	5,954	43,810	7.36	19
20	Administrator					20
21	Assistant Administrator	400	400	10,773	26.93	21
22	Other Administrative	6,991	7,439	157,294	21.14	22
23	Office Manager					23
24	Clerical	4,393	4,653	43,909	9.44	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,250	2,298	67,341	29.30	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	1,680	1,792	26,797	14.95	32
33	Other(specify) Alzheimers Aide, A	1,484	1,676	19,586	11.69	33
34	TOTAL (lines 1 - 33)	209,921	222,140	\$ 2,990,399 *	\$ 13.46	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 6,600	1-3	35
36	Medical Director	Monthly	50,628	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,076	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	56	3,074	11-3	44
45	Social Service Consultant	4	220	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	60	\$ 65,598		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions							
Name		Function	%	Amount		Description		Amount		Description		Amount					
Chhabra, Summet		assistant administrator		\$	8,006	Workers' Compensation Insurance		\$	75,977	IDPH License Fee		\$					
R. Glantz		administrator			118,611	Unemployment Compensation Insurance			37,762	Advertising: Employee Recruitment							
related party-various						FICA Taxes			236,919	Health Care Worker Background Check (Indicate # of checks performed <u>50</u>)			350				
executives		exec mgmnt			64,711	Employee Health Insurance			23,730								
						Employee Meals			28,132								
						Illinois Municipal Retirement Fund (IMRF)*				IL. Healthcare Assoc.			8,300				
						related party-fecII & ams			50,021	Surety Bond Fees, Dues & Subscriptions			1,485				
						Chicago Head Tax			5,756	Miscellaneous			413				
						Union Health & Welfare			43,955	related party-ams			465				
						Dental,Life & Pension			24,241								
						Misc. Tution			2,760	Less: Public Relations Expense		()				
						Drug Tests, 401K Match,Vaccinations			6,589	Non-allowable advertising		()				
						Marketing Empl. Benefits Deduction			(11,203)	Yellow page advertising		()				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				\$	191,328	TOTAL (agree to Schedule V, line 22, col.8)		\$	524,638	TOTAL (agree to Sch. V, line 20, col. 8)		\$	11,013				
B. Administrative - Other						E. Schedule of Non-Cash Compensation Paid to Owners or Employees						G. Schedule of Travel and Seminar**					
Description				Amount		Description		Line #	Amount	Description		Amount					
				\$					\$	Out-of-State Travel		\$					
										In-State Travel							
										related party-ams			10,294				
										Misc Gas			250				
										Seminar Expense			2,235				
										Entertainment Expense		()				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$						(agree to Sch. V, line 24, col. 8)							
C. Professional Services												TOTAL					
Vendor/Payee		Type		Amount									\$	12,779			
AMS		Management Fees		\$	511,908												
BDO Seidman		Accounting Fees			6,066												
Kenneth Fisch/B. Greendburg/Janet		Legal Fees			13,788												
Medi.Com		Billing Consultants			441												
Janet Hermann		Legal Services			613												
Others: Ams/Talx/		work comp/misc			486												
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)				\$	533,301	TOTAL			\$								

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	see page 22a (too many to fit here)...		\$ 267,137	3-15	\$ 40,395	\$ 36,751	\$ 24,978	\$ 9,363	\$ 2,101	\$ 2,101	\$ 1,346	\$ 288	\$ 288
2													
3	Alden Bennet Constructio	11/02	4,749	15			53	317	317	317	317	317	317
4	Alden Bennet Constructio	7/02	3,170	3			440	1,057	1,057	616			
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 275,056		\$ 40,395	\$ 36,751	\$ 25,471	\$ 10,737	\$ 3,475	\$ 3,034	\$ 1,663	\$ 605	\$ 605

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	EXHAUST REPAIR *	2/92	3,117	5									
2	BOILER REPAIR *	2/92	3,223	5									
3	Wall papering *	2/93	3,525	5									
4	Repair baseboard *	6/93	1,720	5									
5	Belton airhandles *	11/93	3,283	5									
6	Painting *	12/93	1,344	5									
7	Cooler repair	5/93	1,567	10	157	157	157	52	0	0	0	0	0
8	PAINTING	5/94	14,473	3									
9	Climate service	1/95	4,318	15	288	288	288	288	288	288	288	288	288
10	Painting	2/95	20,117	3									
11	Painting	3/95	6,103	3									
12	Climate service	4/95	1,678	5	84	0							
13	Painting	4/95	1,920	3									
14	Painting	5/95	930	3									
15	Painting	6/95	1,290	3									
16	Painting	8/95	889	3									
17	Tower cleaners	9/95	4,993	3	666	0							
18	Painting	9/95	1,169	3									
19	Painting	12/95	1,758	3									
20	Painting *	12/95	1,395	3									
21	PAINTING	12/95	1,395	3									
22	PAINTING	1/96	1,249	3									
23	PAINTING	3/96	994	3									
24	PAINTING	4/96	1,324	3									
25	PAINTING	5/96	1,402	3									
26	PAINTING	3/96	1,406	3									
27	PAINTING	5/96	1,824	3									
28	AIR UNIT REPAIR	5/96	1,800	15	120	120	120	120	120	120	120		
29	PUMP HVAC	4/96	2,457	10	246	246	246	246	246	246	246		
30	CHILLER HVAC	5/96	1,900	10	190	190	190	190	190	190	190	63	
31	CARPET	5/96	6,115	10	611	611	611	611	611	611	208		
32	MOTOR HVAC	6/96	1,475	15	98	98	98	98	98	98	98		
33	PAINTING	6/96	1,331	3	0								
34	PAINTING	7/96	2,085	3	0								
35	PAINTING	7/96	2,169	3	0								
36	COOLER HVAC	4/96	2,444	5	489	122	0						
37	PAINT DESK	8/96	5,483	10	548	548	548	548	548	548	323		
38	PAINTING	12/96	1,747	3	0								
39	PAINTING	10/96	2,403	3	0								
40	PAINTING	11/96	2,176	3	0								
41	PAINTING	9/96	3,279	3	0								
42	REPAIR WALK-IN COOLER	1/97	2,419	3	0								
43	REPLACE HVAC PUMP	1/97	5,890	3	0								
44	HVAC PUMP REPLACEMENT	9/97	3,299	3	733	0							
45	TEMPERATURE PUMP REPAIR	12/97	1,660	3	508	0							
46	CLIMATE(REPAIR PUMP MOTOR)	1/98	3,051	3	1,017	0							
47	CLIMATE(INSTALL HOT WATER)	2/98	2,100	3	700	58	0						
48	MR.ROOTER(REPAIR EJECTOR)	6/98	2,000	3	667	278	0						
49	CLIMATE(BLOWER MOTOR)	7/98	16,668	3	5,556	2,778	0						
50	CLIMATE(REPAIR A/C)	9/98	1,671	3	557	371	0						
51	PAINTING	3/98	6,291	3	2,097	350	0						
52	PAINTING	6/98	5,196	3	1,732	722	0						
53	PAINTING	9/98	5,496	3	1,832	1,221	0						
54	PAINTING	12/98	4,183	3	1,394	1,278	0						
55	CSI (inv 65140,65153,65157,65158)	3/99	1,578	3	526	526	88	0					
56	Chicago Cooling (assemble A/C)	6/99	2,403	3	801	801	334	0					
57	CSI(NEED INVOICE)	7/99	2,576	3	859	859	358	0					
58	CSI(NEED INVOICE)	10/99	3,750	3	1,250	1,250	521	0					
59	Painting-\$1,500 for 1999	7/99	14,758	3	4,919	4,919	2,460	0					
60	D. B. S. Contracting (20 zone)	5/00	40,090	3	8,909	13,363	13,363	4,455	0				
61	Alden Bennett Construction (10 zone)	7/00	5,498	3	916	1,833	1,833	916	0				
62	Alden Bennett Construction (10 zone)	6/00	1,545	3	300	515	515	215	0				
63	painting-\$1500 for 2000	07/01	9,747	3	1,625	3,249	3,249	1,625	0				
	no new purchases for 2001...												
64	TOTALS		267,137		40,395	36,751	24,978	9,363	2,101	2,101	1,346	288	288

Facility Name & ID Number Alden Princeton Rehab & HCC

STATE OF ILLINOIS

0036244

Report Period Beginning: 1/1/2003

Page 23

Ending: 12/31/2003

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? IL Healthcare Assoc.\$11,880
If YES, give association name and amount.
- (3) Did the nursing home make political contributions or payments to a political organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,267 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over _____
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 123,187
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ 28,132 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? n/a
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? n/a If no, please explain. Not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Princeton
Reporting Period Beginning
Reporting Period Ending

003-6244
1/01/03
12/31/03

Page 24

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(28,132)	Employee Meal
	22	28,132	Employee Meal
22		(6,547)	Uniforms
	10	4,190	Uniforms
	6		Uniforms
	4	207	Uniforms
	1	550	Uniforms
	3	1,026	Uniforms
	11		Uniforms
	21	574	Uniforms
		<hr/>	
		0	Net should be 0